Type of Inspection New Annual 🔀 Follow-Up (Prev. Inspection Date) Complaint

__ Courtesy __

AW-2

Rev. 1/07

White= Office

NCDA&CS, VETERINARY DIVISION ANIMAL WELFARE SECTION 1030 MAIL SERVICE CENTER, RALEIGH, NC 27699-1030

INDOOR OUTDOOR [] BOTH X

PHONE: 919/715-7111, FAX: 919/733-6431

ANIMAI WITTEADE INCOLUTE NI

	TAINITHE AVELLE IN SPECIE	
GPS Coordinates -	N: 34.57286 W:	79.48193
LICENSE #: TYPE FACILITY: Animal Shelter BUSINESS NAME: Howard OWNER: Howard ADDRESS: 529 Lest to TELEPHONE: (910) 395 - C VMO COUNTY SICHWOOD COUNTY	Private Public Boarding Kennel - I Scenefy of Bicharmond of the TH - Hockagnam Lie 335	Co.
Number of Primary Enclosures	Animals Present: Dogs (Cats 5
Inspe	ctor: Mark "X" in each box, if adequate Circle each item number, if inade Use NA if not applicable	
STRUCTURE	SANITATION	SPECIAL ITEMS
Housing Facilities 1. Structure & Repair 1. Ventilation & Temp. 1. Lighting 1. Ceiling, Wall, Floors 1. Storage 1. Water Drainage	11. Waste Disposal 12. Odor 13. Ceiling, Wall, Floors 14. Primary Enclosures 15. Equipment & Supplies 16. Washrooms, Sinks, Basins 17. Insect/Vermin Control 18. Building & Grounds	Records \$24. Description of Animals \$25. Records/Vet Treatment \$26. Origin/Disposition Signature (boarding kennel) Written permission from owner for commingling (doggie daycare)
Primary Enclosures 7. Structure & Repair 8. Space 9. Ventilation & Temp. 210. Adequate Shelter	HUSBANDRY 1919. Adequate Feed/Water 1920. Food Storage 1921. Personnel 1922. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area 1923. Animals' Appearance	Transportation 29. Care in Transit Discussed Veterinary Care 30. Isolation Facility 31. No Signs of Illness/ Treated
APPROVED <u>CONDITIO</u> CAPPROVED <u>CONDITIO</u> CAPPROVED <u>CONDITIO</u> CAPPROVED <u>CONDITIO</u> Inspector's Signatu W-2	DNALLY APPROVED DISAPPROVED TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTA	Date: 8 20 Time: 1 300 Color Sight Sighature

Canary= Inspector

Pink= Owner

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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #:			
TYPE FACILITY: . BUSINESS NAME:	Animal Shelter (Private/Publ	lic) Bearding Kennel Pet Sl	nop Public Auction
OWNER:		ette herved	······································
ADDRESS:			
TELEPHONE: (
Item Number		equacy (circled items above) And dation For Compliance	Date Corrections Must Be Completed
	han 3-31-10 avaced pleage		
	ors-repaid ad	(Contractor hired)	
100000 CA	Spectron.	······································	
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#H-Tours	are Shillion ne	ed of paint Contours of Siel	tractur wathra
Prior to	ed to begin in rext inspection.	fall work read to (April 6 miles).	o be complete
de l'entre de	so is in rang	e (140	
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APPROVED	□ DISAPPROVED Da	ate: 2-26-10 Time	: 11:30am
		(1.9),;	1. M. M.
Insp	ector's Signature	Owner	Suthorized Agent's Signature
AW-2 Rev. 1/07	White= Office	,	ink= Owner
		PAGE OF	